

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY060 Schenectady Date of Visit: 7-26-22

Contractor Personnel on Site:

1. Milco D
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Work Performed:**

**Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)**

1. J.A
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Inspection, Testing, and Certification**

1. J.A
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Other Recurring Services**

1. J.A
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Service Calls – Service Call Number and Description**

1. CSST 1819 Fan take control board @ 76
2. reduces UNIT with a blown 20A fuse & burns
3. @ some resistors. SJ-PR RM  
will quote a board replace

ATTACHMENT J-0200000-05  
FORMS

**Over and Above Repair Work – Order Number and Description of Work Completed**

CSS#1819 Control Board @ the condenser UNIT  
with a blown 20A fuse & burned resistors. will  
QUOTE A BOARD REPAIR

SIPR RM

---

**CERTIFICATION OF WORK**

---

To be signed by the Contractor:

Print Name: Mike Duggal Date: 7-26-22  
Signed: Mike Duggal

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Chris Pothier AFOS Date: 7-26-22  
Signed: Chris Pothier

E-Mail: \_\_\_\_\_



## Mechanical HVAC Service Contractors

## HVAC

Phone: (518) 326-8450 • Fax: (518) 326-8435  
P.O. Box 311, 95 Hudson River Road  
Waterford, New York 12188

Job # 18732

Alan Rottin

7/26/22

**CUSTOMER SIGNATURE**

DATE